

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073216

Entity Name: CHRISTEN MITCHELL DMD LLC

FILED
Feb 03, 2008
Secretary of State

Current Principal Place of Business:

17840 TOLEDO BLADE BLVD.
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

17840 COCHRAN BLVD.
SUITE A
PORT CHARLOTTE, FL 33948

Current Mailing Address:

6550 FIELD SPARROW GLEN
BRADENTON, FL 34202

New Mailing Address:

19816 COBBLESTONE CIRCLE
VENICE, FL 34292

FEI Number: 20-3095625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JOHN D
2511 VASCO ST.
SUITE 115
PUNTA GORDA, FL US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MITCHELL, CHRISTEN A
Address: 6550 FIELD SPARROW GLEN
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: MITCHELL, MICHAEL T
Address: 6550 FIELD SPARROW GLEN
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MITCHELL, CHRISTEN A
Address: 19816 COBBLESTONE CIRCLE
City-St-Zip: VENICE, FL 34292

Title: MGRM (X) Change () Addition
Name: MITCHELL, MICHAEL T
Address: 19816 COBBLESTONE CIRCLE
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTEN A MITCHELL

MGR

02/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date